

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

10561

State File No. \_\_\_\_\_

FILED APR 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>776</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		<u>1346</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7303 Delmar Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>7303 Delmar Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ABRAHAM</u>		b. (Middle) _____		c. (Last) <u>BLOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> DIVORCED (Specify)		8. DATE OF BIRTH <u>Apr. 15, 1883</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 10 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Man.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe machinery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Nathan Block</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Geiber</u>		14. NAME OF HUSBAND OR WIFE <u>Clara</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Block 7303 Delmar</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Pancreas</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>19 mos.</u>	
19a. DATE OF OPERATION <u>10/14/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma head of pancreas</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or out of home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 8, 1952</u> , to <u>Mar. 29, 1954</u> , that I last saw the deceased alive on <u>Mar. 28, 1954</u> , and that death occurred at <u>7:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Caro J. Hufnagel</u>		23b. ADDRESS <u>M.D. 4457 N. Kingshighway</u>		23c. DATE SIGNED <u>Mar. 29, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bur.</u>		24b. DATE <u>3/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beth Ham Hagodol</u>		24d. LOCATION (City, town, or county) (State) <u>Ladue Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/29/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Somke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>			

(Licensed Embalmer) (Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-14-61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.